

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
2.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 164
Registered No. 171

1. PLACE OF BIRTH

County Gila State Ariz.
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Killa Nadine Taylor (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child

Female

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other

5. No., in order of birth

6. Legitimate?

Yes

7. Date

of birth

Sept 21, 1928
Month Day Year

8.

FATHER

Full name

Henry Morgan Taylor

9. Residence

(Usual place of abode)

Globe

If non-resident, give place and state.

Ariz.

10. Color or race

White

11. Age at last birthday 21 (Years)

12. Birthplace (city or place)

(State or country)

Prima

Ariz.

13. Occupation

Nature of industry

Laborer

14.

MOTHER

Full maiden name

Erma Lucille Combs

15. Residence

(Usual place of abode)

Globe

If non-resident, give place and state.

Ariz.

16. Color or race

White

17. Age at last birthday 19 (Years)

18. Birthplace (city or place)

(State or country)

Central

Ariz.

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 1

(b) Born alive but now dead 0

(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum?

Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was

Born alive (Born alive or stillborn.)

at 10:45 p. on the date above stated

Signature

J. C. Harper

Physician

(Physician or midwife.)

Address

Globe, Ariz.

Given name added from a supplemental report

Month, day, year

Filed

10/11

1928

S. E. Wightman, Inc.

Registrar

Registrar

939-901-532